



## EXECUTIVE SUMMARY

# Easing the Disruption of COVID-19: Supporting the Mental Health of the People of Canada

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*An RSC Policy Briefing*



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### *Executive Summary*

The COVID-19 pandemic has had a significant impact on the mental health of the people of Canada. Most have found it challenging to cope with social distancing, isolation, anxiety about infection, financial security and the future and balancing demands of work and home life. For some, especially those who have had to face pre-existing challenges such as structural racism, poverty and discrimination and those with prior mental health problems, the pandemic has been a major impact.

The Policy Briefing Report focuses on the current situation, how the COVID-19 pandemic has exacerbated significant long standing weaknesses in the mental health system, and makes specific recommendations to meet these challenges to improve the well-being of the people of Canada.

The COVID-19 pandemic has had a detrimental effect on mental health of people in Canada but the impact has been variable, impacting those facing pre-existing structural inequities hardest. Those living in poverty, and in some socially stratified groups facing greater economic and social disadvantage, such as some racialized, and some Indigenous groups and those with preexisting mental health problems, have suffered the most. Some occupational groups have been more exposed to the virus and to psychological stress with the pandemic. The mental health care system was already overextended and under resourced. The pandemic has exacerbated the problems. The care system responded by a massive move to virtual care. The future challenge is for Canada to strengthen our knowledge base in mental health, to learn from the pandemic and provide all in Canada the support they need to fully participate in and contribute to Canada's recovery from the pandemic.

### **Recommendations**

**Recommendation 1:** That the Federal Government, in conjunction with Provincial and Territorial Governments, increase the funding for mental health services to at least 12% of the health services budget to respond to the longstanding unmet need that has been exacerbated by the COVID-19 pandemic.

**Recommendation 2:** That the Federal Government, in conjunction with Provincial and Territorial Governments, establish national standards of access and quality of mental health services by the introduction of a Mental Health Parity Act.

**Recommendation 3:** That the Canadian Institute of Health Information (CIHI) should receive adequate resources to work collaboratively with the provinces and territories, and other stakeholders, to develop an up-to-date national public and private health expenditure series in mental health. CIHI should also accelerate the development of health system performance indicators for mental health (including wait times).

**Recommendation 4:** That the Federal, Provincial and Territorial Governments fund and develop a program similar to the UK's Improving Access to Psychological Therapies. The program should cover adults, children and youth. Considering the vast geography, consideration should be given to a virtual service.

**Recommendation 5:** That the self-management portal, Wellness Together Canada <https://ca.portal.gs/>, be rigorously, externally-evaluated and self-management options should be improved.

**Recommendation 6:** That the Federal Government provide additional long-term funding to the Canadian Institutes of Health Research (CIHR) and to the Social Sciences and Humanities Research Council (SSHRC) and the Natural Sciences and Engineering Council (NSERC) to ensure mental health research funding that is proportionate to mental health's burden of disease, and its impacts on specific communities. Particular attention should be paid to research that can directly improve care and meet the needs of communities that have not been well served.

**Recommendation 7:** That the Federal Government work closely with Indigenous governance structures to find exemplar Indigenous communities, Indigenous-specific programs, and Indigenous-governed organizations that are leading the way in mental health and in Indigenous communities. These culturally- and contextually-appropriate services need to be funded for expansion to other communities.

**Recommendation 8:** That in consultation with First Nations, Metis, and Inuit communities, the federal, provincial, and territorial governments implement solutions to remedy the across the board public services inequities and structural discrimination that contributes to over-represented rates of mental illness.

**Recommendation 9:** That the Federal Government facilitate and resource connected and holistic approaches to mental health care, inclusive of child welfare, housing/social services, education, justice, and other overlapping domains that often exist in silos and are sometimes at odds in terms of approach.

**Recommendation 10:** That the Federal Government, in conjunction with Provincial and Territorial Governments, track digital health equity and improve funding and infrastructure to create virtually connected communities.

**Recommendation 11:** That the Federal, Provincial and Territorial Governments ensure that systems, including technology, records, professional licensure and funding are harmonized and interoperable to support integration across points of care and across the health system in Canada.

**Recommendation 12:** That the Provincial and Territorial governments develop stable funding models for virtual mental health care with remuneration aligned to in-person care, including funding for collaborative, indirect care and intervention models that employ peers and paraprofessionals.

**Recommendation 13:** That training in the implementation of virtual care become standard for all mental health professionals in their education and via continuing education.

**Recommendation 14:** That the Federal Government undertake a National Task Force on the prevention of mental illness and the promotion of mental health and wellness with special reference to pandemics and similar national emergencies.

**Recommendation 15:** That Provinces and Territories should attempt to keep children in school and carefully weigh the cost/benefit ratio of closing schools in the event of another wave of COVID-19.

**Recommendation 16:** That the Federal, Provincial and Territorial Governments adequately fund efforts to minimize viral transmission within schools to reduce the chances that children will become ill and/or spread the virus to their teachers, school support staff, and family members.

**Recommendation 17:** That, should schools need to close again due to second or more wave(s) of the virus, parents be better supported in the education of their children at home. This includes supporting the increased mental health service needs of parents during mandatory homeschooling.

**Recommendation 18:** That if schools close again, Provincial and Territorial governments have mental health and substance use supports ready to stabilize family wellbeing using the vehicles used to deliver school curriculum to families.

**Recommendation 19:** That Provinces should attempt to keep high risk families of vulnerable neonates together and carefully weigh the cost/benefit ratio of restricting family presence during neonatal intensive care admission in the event of another wave of COVID-19.

**Recommendation 20:** That the Provincial and Federal Governments adequately fund efforts to determine the impact of family presence restriction on family and infant mental wellbeing and health outcomes.

**Recommendation 21:** That if hospital family restrictions are implemented again, Provincial governments have mental health supports ready to stabilize family wellbeing using virtual care delivery similar to school curriculum to families.